

New Hampshire Office of Highway Safety

33 Hazen Drive
1st. Floor, Rm 109A
Concord, NH 03305
Telephone: 603-271-2131



Grant Application Form **Sobriety Checkpoint Grant Program** **Application Due: April 1 st.**

Part I Contact Information

Applicant Agency and Street Address	
DUNS#	SAM Registration Expiration::
Chief's First Name	Chief's Last Name
Chief's Telephone	Chief's Email Address
Grant Contact's First Name	Grant Contact's Last Name
Grant Contact's Telephone	Grant Contacts Email Address

Part II Department and Community Profile

Population of your city or town	
Number of full-time officers in your city or town	
Number of part-time officers in your city or town	
Number of officers trained in the use of Preliminary Breath Test Units	
Number of officers trained in Standardized Field Sobriety Testing	
Number of officers trained in sobriety checkpoint supervisor training	
Number of on premise (bars, etc.) liquor license holders	
Number of off premise (package stores, etc.) liquor license holders	
Did your department receive a grant in 2014 or 2015?	
If your department received a grant in 2014 or 2015, were all funds used? If not, please explain why.	

Part III Local Crash and Enforcement Statistics

This section must be filled out completely for all project applications. If data is unavailable insert (N/A) for not available.

	2013	2014	2015	3 Year Average
Total Crashes				
Total Fatalities				
Total Personal Injuries				
Total Property Damage Crashes				
Impaired Driving Fatalities (alcohol or drugs)				
Impaired Driving Personal Injuries (alcohol or drugs)				
Impaired Driving Property Damage Crashes (alcohol or drugs)				
DWI/DUI Arrests (alcohol or drugs)				

Part IV Problem Statement

Please describe the impaired problem in your city or town. Please provide specifics detailing the following:

- When the problem is taking place (month, day of week, time of day)
- Where (specific streets, neighborhoods, etc.)
- Who (demographics)
- What (alcohol and/or drugs)
- Other relevant information to your city or town (officer shortages, vacation destination, colleges in town, etc.)

Part V Proposed Solution

Please describe your proposed solutions for combatting the problem you described above. Solutions should be linked directly to the data you provided. Please be specific regarding:

- When patrols/sobriety checkpoints will take place (month, day of week, time of day)
- Where patrols/sobriety checkpoints will take place (specific streets, neighborhoods, etc.)
- What type of patrols will take place (DWI patrols, checkpoints, etc.)
- Estimated number of patrols hours and/or sobriety checkpoints

Part VI Project Goals

Please provide your department's goals for this grant. Goals must be specific and measurable. For example, "Our department would like to reduce impaired-driving crashes by 10% from 100 to 90 by September 2017."

Part VII Budget

Please provide a budget indicating how much you can realistically spend on this project. Budget should be based on your proposed number of hours and payroll deductions (Only FICA, Medicare, and retirement).

Requested award amount= # Checkpoints X # of Hours per Checkpoint X # of Officers X Hourly Rate + Total Estimated Payroll Deductions.

For example- 4 (checkpoints) X (6 hours each checkpoint) = 24 hours X 6 Officers = 144 total patrol hours X \$50 (Hourly Rate) + \$1800 (Total Payroll Deduction) = \$9000 (Requested Award Amount)

Estimated # of Sobriety Checkpoints	# of Hours per Checkpoint	# of Officers per Checkpoint	Estimated Average OT Hourly Rate	Total Estimated Payroll Deductions	Requested Award Amount for Checkpoints
		\$		\$	\$

Please also provide the amount of matching funds you intend to contribute to this project. Matching funds are your department's contribution to this project. For example, additional enforcement patrols, fuel costs, administrative time, and supervisor's time that are not funded by this grant.

Item	Cost	Total